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FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

18

Application Number	09/811,081
Filing Date	03/16/2001
First Named Inventor	Mossberg
Art Unit	2872
Examiner Name	Alessandro V. Amari

Attorney Docket Number

LTSM01NP

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): - postcard receipt
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Firm or Individual name	David S Alavi	Reg No 40310
Signature		
Date	05/15/2003	

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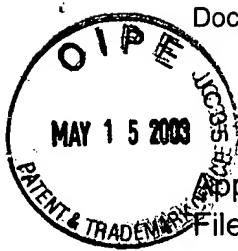
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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Thomas W. Mossberg  
Filed: 03/16/2001  
App. No.: 09/811,081  
For: Holographic spectral filter

Art Unit: 2872  
Examiner: Alessandro V. Amari

## AMENDMENT AND REQUEST FOR RECONSIDERATION UNDER 37 CFR §1.111

Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

05/15/2003

Sir:

In response to the Office Action dated 04/02/2003, please amend the above named application as set forth hereinbelow. The amendments are presented in accordance with the revised amendment format set forth in the Pre-OG Notice dated 01/31/2003.

Applicant respectfully requests a change in the Attorney Docket No. from 5455P001 (old Docket No.) to LTSM01NP (new Docket No.).

Thirty-three (33) claims are cancelled by this amendment, including six (6) independent claims. Thirty-one (31) claims are added by this amendment, including two (2) independent claims. Accordingly, no additional claim fees are payable as a result of this amendment.

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